



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E275064**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **13-02485**

LOCAL AGENCY CODING

TOTAL # OF UNITS **01** OBJECT STRUCK **GUARDRAIL**

TRIBAL RESERVATION

DATE OF COLLISION **10** **04** **2013** TIME (2400) **0022** COUNTY # **31** MILES **00** CITY # **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

STATE ROUTE **92** BLOCK NO. ☒ **9600** MILE POST

DISTANCE **500** **00** MILES ☐ N ☐ E ☐ S ☒ W **99TH AVE NE**

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253347665**

LAST NAME **HELLMAN** FIRST NAME **GOSTA** MIDDLE INITIAL **M**

STREET NEW ADDRESS **11523 MACHIAS CUTOFF**

CITY **LAKE STEVENS** ST **WA** ZIP **982587991**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **HELLMGM642J1** STATE **WA** SEX **M** D.O.B. **04** **21** **1936**

ON DUTY ☐ STATUS AIRBAG **2** RESTR **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **B78738S** STATE **WA** VIN# **1FTYR14UX4PA43690**

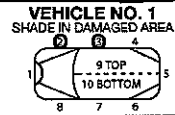
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2004** MAKE **FORD** MODEL **RANPU** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **GOSTA HELLMAN PO BOX 72 LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 976286513 09/09**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. **04** **21** **1936**

ON DUTY ☐ STATUS AIRBAG RESTR EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

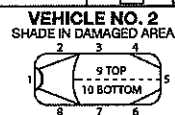
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # CHARGE



OFFICER'S NAME (PRINT) **M. HINGTGEN** BADGE OR ID # **126** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E275064**

CASE # **13-02485**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

Vehicle #1 was traveling eastbound in approximately the 9600 blk of SR 92. Vehicle #1's passenger side rear tire ruptured causing the vehicle to pull to the right side of the roadway. This caused the vehicle to drift to the right and impact the guardrail on the passenger side of the vehicle. The driver of Vehicle #1 immediately pulled over after he was able to move his vehicle away from the guardrail. There appeared to be very minimal damage to the guardrail.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

10-04-13 05:13 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

JULIE JAMISON 097

10/4/2013 7:32:45 PM

BADGE OR ID # **128**

ORI # **WA0311900**

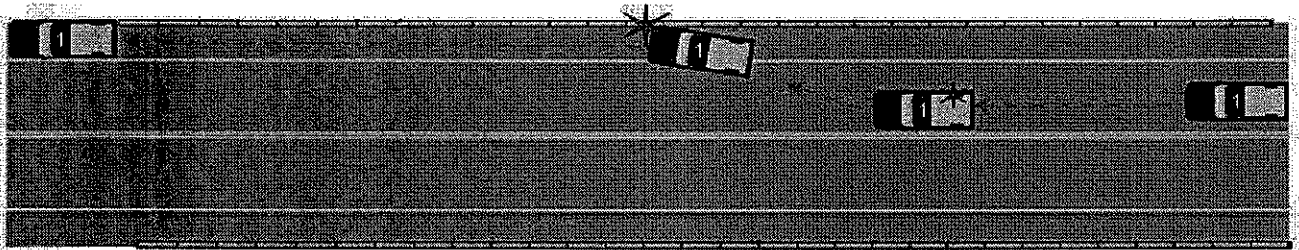
TIME POLICE DISPATCHED **12:22 AM**

TIME POLICE ARRIVED **12:28 AM**

REPORT NO. E275064

CASE # 13-02485

DATE AND TIME 10/04/13 00:22
OF COLLISION



State Route 92



Not to Scale

Incident History for: #SS13022015
Case Numbers: \$SS13002485
Entered 10/04/13 00:22:39 BY SPCT03 SP0371
Dispatched 10/04/13 00:22:57 BY SPDP17 SP0331
Enroute 10/04/13 00:22:57
Onscene 10/04/13 00:28:30
Closed 10/04/13 00:40:28

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT
Src: T
Loc: LAKE DR/SR 92 ,LKS (V)

Loc Info: ON SR 92 EO LAKE DR
Name: PAULINE - DICKS TOWING Addr: Phone: 4252524004

/0022 (SP0371) ENTRY ,AC, NOW , 1 VEH, NON INJURY NON BLKING, DRIVER
SEEMS HBD, FORD RANGER , DICKS ONSIGHT BUT NOT T
OWING UNTIL PD ONSC ENE
/0022 (SP0331) DISPER SS1940 #SS120 BERNHARD, OFFICER (KERRY)
/0028 ASSTOS SS1942 [LAKE DR/SR 92 ,LKS]
#SS126 HINGTGEN, OFFICER (MICHAEL)
/0028 ONSCNE SS1940
/0029 (SS126) REMINQ SS1942 MDTVEH, B78736S, , WA, , , , , , , , ,
/0031 (*****) REMINQ SS1940 B78736S
/0031 (SP0331) REMINQ SS1940 LIC, 1940, B78736S, , ,
/0035 ASNCAS SS1942 \$SS13002485
/0036 MISC SS1940 , DICKS ADV AND STILL ENRT
/0040 CLEAR SS1942 D/H
/0040 CLEAR SS1940 D/H
/0040 CLOSE SS1940

LSPD
ORIGINAL